Member Services Division, P.O. Box 4000, Sacramento, CA 95812-4000
Telecommunications Device for the Deaf - (916) 326-3240 • (800) 352-2238 • FAX: (916) 558-4019

Request for Service Credit Cost Information Peace Corps or AmeriCorps*VISTA Service

Step 1 - Complete Section A.

If we have provided cost information to you in the past for this service credit, check the "Yes" box and indicate the date your request was submitted. If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

- Part 1 Fill in your current mailing information.
- Part 2 List your Peace Corps or AmeriCorps*VISTA service dates.
- Part 3 Sign and date the request form.

Step 2 - Submit the completed request form.

- Make a copy for your records.
- Attach a copy of your Peace Corps or AmeriCorps*VISTA certification letter.
- Mail the original to the CalPERS address listed below.

Section A: Documentation of S	Service (to be completed by memb	oer)		
Have you requested this cost informati	on before? 🗖 Yes 🗖 No 🏻 If yes, list dat	e request was submit	ted:	
Have you submitted a retirement appli-	cation? 🖵 Yes 🖵 No If yes, list retiren	nent date:		
Part 1 Member Information				
Name	Social Security Nur	Social Security Number		
Former Name (if applicable)	Current Employer			
Daytime Phone				
Mailing Address	City	State	ZIP	
Part 2 Peace Corps/AmeriCorps*\	VISTA Service Dates (attach certifica	tion)		
Indicate Peace Corps or AmeriCorps*VISTA	Beginning Date of Service (month/day/year)	Ending Date of Service (month/day/year)		
Part 3 Certification				
I hereby certify that the above inform	mation is true and correct.			
Member Signature	Date			

Mail To: CalPERS Member Services Division, P.O. Box 4000, Sacramento, CA 95812-4000